

U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

333816

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

(Sometimes of this is an amendment and name has changed, and indicate change.)

| Private Placement of Series B Preferred Stock | |
|--|---|
| Filing Under (Check box(es) that apply): |]ULOE |
| A. BASIC IDENTIFICATION DATA | |
| Enter the information requested about the issuer | |
| Name of Issuer (Check if this is an amendment and name has changed, and indicate change.) Athletic IQ, Inc. | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 275 Turnpike Street, Suite 202, Canton, MA 02021 | Telephone Number (Including Area Code) 781-821-4114 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business Athletic IQ, Inc. is a provider of standardized athletic and fitness testing. | PROCESSED |
| Type of Business Organization ☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed ☐ other (please | e specify): AUG 0 9 2006 E THOMSON |
| Actual or Estimated Date of Incorporation or Organization: Month Year 4 05 Actual Actual Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction) | Estimated :: DE |
| GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulatiseq. or 15 U.S.C. 77d(6). When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering of the control of the c | g. A notice is deemed filed with the U.S. |

Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington D.C. 20549.

Copies Required: Five copies (5) of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| A. BASIC IDENTIFICATION DATA |
|---|
| nter the information requested for the following: |
| Each promoter of the issuer, if the issuer has been organized within the past five years; |
| The boundary of the second to |

Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity

securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply: ☐ Promoter ⊠ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Tyson, W. Randall Business or Residence Address (Number and Street, City, State, Zip Code) c/o Athletic IQ, Inc., 275 Turnpike Street, Suite 202, Canton, MA 02021 Check Box(es) that Apply: Promoter ⊠ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Freedman, Arnold E. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Athletic IQ, Inc., 275 Turnpike Street, Suite 202, Canton, MA 02021 ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply:

Promoter □ Director ☐General and/or Managing Partner Full Name (Last name first, if individual) Butts, Mark C. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Athletic IQ, Inc., 275 Turnpike Street, Suite 202, Canton, MA 02021 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) The Lombardo Companies, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 6 Billings Street, Randolph, MA 02368 ⊠ Beneficial Owner □ Executive Officer ☐ Director General and/or Managing Partner Check Box(es) that Apply:

Promoter Full Name (Last name first, if individual) Lombardo, Dennis Business or Residence Address (Number and Street, City, State, Zip Code) 6 Billings Street, Randolph, MA 02368 ⊠ Beneficial Owner Check Box(es) that Apply:

Promoter ☐ Executive Officer ☐ Director ☐General and/or Managing Partner Full Name (Last name first, if individual) Cammans, Jeffrey R. Business or Residence Address (Number and Street, City, State, Zip Code) 1173 North Main Road, Jamestown, RI 02835 ☐ Promoter Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner

c/o Athletic IQ, Inc., 275 Turnpike Street, Suite 202, Canton, MA 02021 Check Box(es) that Apply: ☐ Promoter ⊠ Beneficial Owner □ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Savin, Patrick

Business or Residence Address (Number and Street, City, State, Zip Code) c/o Athletic IQ, Inc., 275 Turnpike Street, Suite 202, Canton, MA 02021 ⊠ Beneficial Owner □ Executive Officer Check Box(es) that Apply:

Promoter ☐ Director General and/or Managing Partner

Full Name (Last name first, if individual) Rocchio, Michael

Full Name (Last name first, if individual)

Daniels, Benjamin D.

Business or Residence Address (Number and Street, City, State, Zip Code)

Business or Residence Address (Number and Street, City, State, Zip Code)

Each general and managing partner of partnership issuers.

c/o Athletic IQ, Inc., 275 Turnpike Street, Suite 202, Canton, MA 02021

| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or Managing Partner |
|--|----------------|--|---------------------|------------|---------------------------------|
| Full Name (Last name first, | if individual) | | | | |
| Richardson, James S. | | | | | |
| Business or Residence Addr c/o Athletic IQ, Inc., 2 | ` | d Street, City, State, Zip treet, Suite 202, Canton | • | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | | | | | В. | INFOR | MATION | ABOUT (| OFFERIN | G | | | |
|-----|---|------------|------------|------------|---------------------------------------|-------------|---------------------------------------|----------|----------|--------|---|------|------------|
| 1. | Has the is | ssuer solo | i, or does | the issue | | | on-accredite pendix, Co | | | | Yes | No | |
| 2. | What is t | he minim | um inves | tment tha | t will be ac | cepted fr | om any ind | ividual? | | | \$ <u>75,</u> | 000 | |
| 3. | Does the | offering | permit joi | nt owner | ship of a si | ngle unit | ? | | | | 🛛 | | |
| 4. | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer you may set forth the information for that broker or dealer only. | | | | | | | | | | | | |
| Ful | l Name (la: Boston E | | | | | | | | | | | | |
| Bus | siness or Re | esident A | ddress (n | umber an | d street, cit | • . | zip code) | | <u> </u> | | | | |
| Nai | me of Asso | | | | · · · · · · · · · · · · · · · · · · · | | | | | | *************************************** | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Sta | tes in Whic | h Person | Listed H | as Solicit | ed or Inten | ds to Soli | cit Purchas | ers | | | | | |
| | (Check " | All States | s" or chec | k individ | ual states) | | | | | | | | All States |
| | [AL] | [AK] | [AZ] | [AR] | [CA] X | [CO] | [CT] | [DE] | [DC] | [FL] X | [GA] | [HI] | [ID] |
| | [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] X | [MI] | [MN] | [MS] | [MO] |
| | [MT] | [NE] | [NV] | [NH] | [NJ] X | [NM] | [NY] X | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| | [RI] X | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Ful | l Name (La | | | dividual) | | | | | | | | | |
| | | | | | | | | | | | | | |
| Bus | siness or R | esident A | ddress (N | umber ar | nd Street, C | City, State | , Zip Code) | | | | | | |
| Naı | me of Asso | ciated Br | oker or D | ealer | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Cto | ton in Whi | L Danson | Linksdil | aa Caliait | ad an I-4a- | da to Coli | cit Purchas | | | | | | |
| Sia | tes in winc | ii Person | Listed H | as Sonen | ed of fiften | us to son | cit Futchas | eis | | | | | |
| | (Check " | All States | s" or chec | k individ | ual States) | | | | | | | | All States |
| | [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| | [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| | [MT] | [NE] | [NV] | [HN] | [NJ] | [NM] | | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| | [RI] | [SC] | ISDI | ITNI | ľΥΥΊ | [UT] | [VT] | [VA] | [WA] | (WV) | iwii | [WY] | [PR] |

(Use blanksheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|---|-----------------------------|----------------------------------|
| Type of Security | Aggregate Offering Price | Amount Already Sol |
| Debt | \$ <u> </u> | \$ <u>0</u> |
| Equity | \$ <u>7,000,000</u> | \$ <u>1,835,000</u> |
| ☐ Common ☑ Preferred | | |
| Convertible Securities (including warrants) | \$ <u>0</u> | \$ <u>0</u> |
| Partnership Interests | \$ <u>0</u> | \$0 |
| Other (Specify) | \$ <u>0</u> | \$ <u>0</u> |
| Total | \$ <u>7,000,000</u> | \$ <u>1,835,000</u> |
| Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Aggregate |
| | Number Investors | Dollar Amount of Purchases |
| Accredited Investors | 11 | \$ <u>1,835,000</u> |
| Non-accredited Investors | 0 | \$ <u>0</u> |
| Total (for filings under Rule 504 only) | <u>-</u> | \$ <u> </u> |
| Answer also in Appendix, Column 4, if filing under ULOE. | | |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.

| Type of offering | Type of Security | Dollar Amount Sold |
|--|---------------------|---------------------------|
| Rule 505 | | \$ <u>-</u> |
| Regulation A | - | \$ <u>-</u> |
| Rule 504 | <u> </u> | \$ <u>-</u> |
| Total | | \$ <u>-</u> |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| Transfer Agent's Fees | | \$0 |
| Printing and Engraving Costs | | \$0 |
| Legal Fees | | ⊠ \$ <u>20,000</u> |
| Accounting Fees | | 0 |
| Engineering Fees | | □ \$ <u> </u> |
| Sales Commissions (specify finders' fees separately) | | ⊠ \$ <u>490,000</u> |
| Other Expenses (identify) | | \$0 |
| Total | | ⊠ \$ <u>510,000</u> |
| b. Enter the difference between the aggregate offering price given in response to Part C – Question 1 and total expenses furnished in response to Part C – Question 4.a. This difference is the "adjusted gross proceeds to the issuer." | | \$6,490,000 |

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. above.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | to Officers, Directors And Affiliates | Payments To Others |
|--|---------------------------------------|-----------------------|
| Salaries and fees | \$0 | □ \$ <u> </u> |
| Purchase of real estate | S 0 | \$0 |
| Purchase, rental or leasing and installation of machinery and equipment | \$0 | \$0 |
| Construction or leasing of plant buildings and facilities | □ \$ <u> </u> | □ \$ <u> </u> |
| Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | □ \$ <u> </u> | \$0 |
| Repayment of indebtedness | \$0 | ⋈ <u>\$</u> |
| Working capital | S0 | ≤ \$6,490,000 |
| Other (specify): | □ \$ <u> </u> | □ \$ <u> </u> |
| Column Totals | □ \$ <u> </u> | ∑ \$6,490,000 |
| Total Payments Listed (column totals added) | | ⊠\$6,490,000 |

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| following signature constitutes an undertaking by the | by the undersigned duly authorized person. If this notice issuer to furnish to the U.S. Securities and Exchange Coany non-accredited investor pursuant to paragraph (b)(2) | mmission, upon written request |
|---|--|--------------------------------|
| Issuer (Print or Type) Athletic IQ, Inc. | Signaphro | Date 1 2000 |
| Name of Signer (Print or Type) Mark Butts | Title of Signer (Print or Type) President | |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 16 U.S.C. 1001).

D. FEDERAL SIGNATURE

| E. | STATE | SIGNA | TURE |
|----|-------|-------|------|

| 1. | Is any party described in 17 CFR 230.262(c), (d), (e) or (f) presently subject to any of the disqualification provisions | Yes | No |
|----|--|-----|-------------|
| | of such rule? | | \boxtimes |

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrator, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature | Date 0 1 0 200 |
|--------------------------------|-----------------------|----------------|
| Athletic IQ, Inc. | | July 31,2006 |
| Name of Signer (Print or Type) | Title (Print or Type) | J |
| Mark Butts | President | |

Instruction. Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| 1 |] | 2 | 3 | | | 4 | | | 5 | | |
|-------|--------------------------------|---|--|-------------------------|-----------|-----------------------------|----------------|-----|--|--|--|
| | Intend To Non-A Investor | To Sell Accredited s In State -Item 1) | Type Of Security And Aggregate Offering Price Offered In State (Part C-Item 1) | | | | | | Disqualification Under State ULOE (If Yes, Attach Explanation Of Waiver Granted) (Part E-Item 1) | | |
| | | | | Number of | | Number of | | | | | |
| State | Yes | No | | Accredited Investors | \$ Amount | Non-Accredited Investors | Amount | Yes | No | | |
| AL | - | · | | | | | | | | | |
| AK | | | | | | | | | | | |
| AZ | | | | | | | | | | | |
| AR | | <u> </u> | | | | | | | _ | | |
| CA | | | | | **** | | | | <u> </u> | | |
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| ME | | | | | | | ··· <u>···</u> | 1 | | | |
| MD | | | | | | | | | | | |
| MA | | X | \$835,000 Series B Preferred Stock | 4 | \$835,000 | 0 | 0 | | X | | |
| MI | | | | | | | | | | | |
| MN | | | | | | | | | | | |
| MS | | | | | | | ····· | | | | |
| МО | | | | _ | | | | | | | |

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APPENDIX

| 1 | 2 | | 3 4 5 | | | | | | |
|-------|---|-----|--|--------------------------------------|--|---|--|-----|--|
| | Intend To Sell To Non-Accredited Investors In State (Part B-Item 1) | | Type Of Security And Aggregate Offering Price Offered In State (Part C-Item 1) | T; | Disqualification Under State ULOE (If Yes, Attach Explanation Of Waiver Granted) (Part E-Item 1) | | | | |
| State | Yes | No | · · · · · · · · · · · · · · · · · · · | Number of Accredited Investors | \$ Amount | C-Item 2) Number of Non-Accredited Investors | Amount | Yes | No |
| MT | 105 | 140 | | Investors | \$ Amount | Investors | Amount | 105 | 110 |
| NE | | | | | | | | | |
| NV | | | | | | | · | | |
| NH | | | | | | | | | |
| NJ | | Х | \$300,000 Series B Preferred Stock | 2 | \$300,000 | 0 | 0 | | Х |
| NM | | | | | | | | | _ |
| NY | | | | | | | - | | |
| NC | | | | | | | | | |
| ND | | | | | | | | | |
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| OK | | | | | | | - | | |
| OR | | | | | | | | | |
| PA | | | | | | | | | - |
| RI | | X | \$700,000 | 5 | \$700,000 | 0 | 0 | | Х |
| | | | Series B Preferred Stock | | | | Tables and the same of the sam | | |
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APPENDIX

| 1 | 2 3 | | | 4 | | | | 5 | |
|-------|----------------------------------|------------|------------------|---------------------------------------|-----------|-----------------------------|--------|--|------------|
| | | | | | | | | Disqua | lification |
| | Type Of Security | | | | | | | Under State ULOE | |
| | Intend To Sell To Non-Accredited | | And Aggregate | Type Of Investor And Amount Purchased | | | | (If Yes, Attach Explanation Of Waiver | |
| | | | Offering Price | | | | | | |
| | Investor | s In State | Offered In State | In State | | | | Granted) | |
| | (Part B-Item 1) | | (Part C-Item 1) | (Part C-Item 2) | | | | (Part E-Item 1) | |
| | | | | Number of Accredited | | Number of Non-Accredited | | | |
| State | Yes | No | | Investors | \$ Amount | Investors | Amount | Yes | No |
| PR | | | | | | | • | | - |

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